



PART B - FEE(S) TRANSMITTAL

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49680 7590 03/08/2006
THELEN REID & PRIEST LLP
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Sharon E. Byam	(Depositor's name)
<i>Sharon E. Byam</i>	
(Signature)	
March 30, 2006	
(Date)	

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/810,057	03/26/2004	Changbai He	FOUND-0093	7875

TITLE OF INVENTION: MULTI-LEVEL INTERRUPTS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	\$1400	06/08/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
DALEY, CHRISTOPHER ANTHONY	2111	710-269000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	3. THELEN REID & PRIEST LLP
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.		1
<input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.		2 Marc S. Hanish
		3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Foundry Networks, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Santa Clara, California

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation Other private group entity Government **04/03/2006 CNEGA2 00000035 10810057** **02 FC-1501** **02 FC-8001** **1400 00 00 00**

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Issue Fee
 Publication Fee (No small entity discount permitted)
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A check in the amount of the fee(s) is enclosed.
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 The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-1698 (enclose an extra copy of this form).

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature WR

Date 3-28-2006

Typed or printed name David B. Ritchie

Registration No. 31,562

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